Attachment VIII NISS Data Sheet

NEUROMOTOR IMPAIRMENT DATA SHEET Date:

Name:		**CCS Number:**
DOB:	**Chronological Age:**	**Corrected Age:**
County:		**Examiner(s): OT:**
MTU:		**PT:**

PRIMARY DIAGNOSIS: _____

TREATING DIAGNOSIS: _____

OTHER DIAGNOSES: _____

_____

SURGICAL HISTORY WITH DATES: _____

_____

_____

_____

NGT □ GT□ FUNDOPLICATION □ TRACHEOSTOMY □

CLINICAL FINDINGS (Known or suspected)

Motor Findings:	Abnormal Postures:	Non Motor Impairments:	Interactive Skills:
□ Spasticity □ Athetosis □ Chorea □ Ballismus □ Dystonia □ Ataxia □ Rigidity □ Hypotonia	□ Decorticate Posture □ Decerebrate Posture □ Other: Persistent or Abnormal Primitive Reflexes:	□ Vision □ Hearing □ Proprioception □ Sharp/dull sensation □ Stereognosis □ 2 point discrimination Other Comments:	□ Gives eye contact □ Turns toward new sounds □ Imitates motor activity □ Follows 1 step command □ Follows 2 step command □ Takes turns □ Stays on task, in one place □ Easily directed to new tasks □ Indicates basic needs by gesture, sign, communication device or speech □ Responds to questions by gesture, sign, communication device or speech □ Indicates toileting needs in advance

NEUROMOTOR IMPAIRMENT SEVERITY SCORES (NISS)								
TOTAL SCORE:		Ranges: Mild: 0.1-3.0 Moderate: 3.1-6.0 Severe 6.1-9.0 Very Severe: 9.1-12.0						
SUB-SCORES:		Normal = 0 Mild = 1 Moderate = 2 Severe = 3 Very Severe = 4						
Motor Control		Upright Postural Responses		Tone Abnormality				
NISS-O-GRAMS /REGIONAL SCORES: Normal = 0 Mild = 1 Moderate = 2 Severe = 3 Very Severe = 4								
Head/Oral MC			Axial Tone					
MC RUE			LUE MC	Tone RUE			LUE Tone	
MC RLE			LLE MC	Tone RLE			LLE Tone	

I. MOTOR CONTROL

HEAD AND ORAL: Circle the description that best describes the motor skill

TESTS	0 points each	0. 5 points each	1 point each
Head Rotation, 45 degrees, **voluntary**	Bilateral	Unilateral	Absent or involuntary
Neck Flexion 30 degrees and return, **voluntary**	Full return	Partial return	Absent, involuntary, OR unable to stop at neutral
Lip Pucker/Kiss	Pursed lips and lip sound	Pursed OR Lip sound	Absent
Tongue Lateralization	Bilateral	Unilateral	Absent

RIGHT UPPER EXTREMITY: Circle the number that best describes the motor skill.

SCORE	Reach and Grasp
0	Normal movement, strength, hand posture, speed, and agility
1	Digits 1-2 have E/F isolated movement from digits 4-5 but movement is abnormal due to strength, hand posture, speed, and/or agility (circle abnormalities)
2	Synergy E/F movement of grasp is noted on all efforts
3	No grasp is present but arm approaches object
4	No significant response (moves less than 50% of 4 inch distance to object)

LEFT UPPER EXTREMITY: Mark the box that best describes the motor skill

SCORE	Reach and Grasp
0	Normal movement, strength, hand posture, speed, and agility
1	Digits 1-2 have E/F isolated movement from digits 4-5 but movement is abnormal due to strength, hand posture, speed, and/or agility (circle abnormalities)
2	Synergy E/F movement of grasp is noted on all efforts
3	No grasp is present but arm approaches object
4	No significant response (moves less than 50% of 4 inch distance to object)

RIGHT LOWER EXTREMITY: Mark the box that best describes the motor skill

SCORE	Kick with Knee Extension
0	Knee extension can be isolated and is normal in strength, precision, and speed
1	Knee extension is isolated from hip movement but is abnormal due to strength, precision, and/or speed (circle abnormalities)
2	Knee extension of the kicking leg is synergistic with hip extension
3	Knee extension is synergistic with hip and symmetrical extension of other leg
4	No significant voluntary response (moves less than 50% of 4 inch distance to object)

LEFT LOWER EXTREMITY: Mark the box that best describes the motor skill

SCORE	Kick with Knee Extension
0	Knee extension can be isolated and is normal in strength, precision, and speed
1	Knee extension is isolated from hip movement but is abnormal due to strength, precision, and/or speed (circle abnormalities)
2	Knee extension of the kicking leg is synergistic with hip extension
3	Knee extension is synergistic with hip and symmetrical extension of other leg
4	No significant voluntary response (moves less than 50% of 4 inch distance to object)

Calculations: Add the 4 head and oral scores. This is the **Head / Oral Motor Regional Score:**

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Place the extremity scores in the boxes below: These are the **Extremity Regional Scores:**

RUE / LUE:

RLE / LLE

Add the 5 Regional Scores together and divide by 5. Round off to one decimal place. This is the **Motor Control Sub-Score:**

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II. UPRIGHT POSTURAL RESPONSES

Mark in the box that best describes the reaction.

RESPONSES	0 points each	0. 5 points each	1 point each
Head Responses	Normal	Incomplete or unilateral	Absent
Trunk Response	Normal	Incomplete or unilateral	Absent
Left Lateral Protective Extension	Normal	Incomplete	Absent
Right Lateral Protective Extension	Normal	Incomplete	Absent

Note that a reaction that is present but much slower that normal must be considered incomplete.

Calculation:

Add the 4 scores together to obtain the **Upright Postural Reaction Sub-Score:**

III. TONE ABNORMALITY

AXIAL TONE ABNORMALITY: Circle the best description of the child's response

TEST	0 points each	1 point each	2 points each
Head Lag	Normal : minimal or no head lag	Partial: significant head lag but not full extension	Complete: head lag into full extension
Axilla Lift	Shoulder girdle **reacts normally**: During the lift the shoulders elevate less than half way to the ears during the lift.	Shoulder girdle **reacts partially,** preventing slide through but the shoulders elevate half way or more to the ears. (Resting tone of the shoulder depressors and adductors may be normal, low, or high)	**Resting tone is low** and arms slide through **completely** during lift **OR** **Resting tone is high** and the child is lifted into the air with shoulder elevation less than half way to the ears

Calculation:

Add the 2 scores together to obtain the **Axial Tone Regional Score.**

Place this score in the box on the next page.

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EXTREMITY TONE ABNORMALITY:
Use the tone score that best fits the muscle group.

	NISS TONE SCALE
4 L	Atonic (NO tone or flaccid)
2 L	Low tone
0	Normal
1 H	Fast stretch (**one second stretch**) meets a slight muscle catch or slight resistance, and best range of motion is easily achieved.
2 H	Slow stretch (**two second stretch**) achieves the best range of motion
3 H	Very slow stretch (**three second stretch**) achieves the best range of motion
4 H	Extremely slow stretch (**four second or greater stretch)** achieves the best range of motion
4 C	Range of motion is less than 25% of normal

For each side select flexors or extensors (which ever is more abnormal) and place the score in the box. Use the "L" for low tone, "H" for high tone, and "4 – C" when the range of motion is less than 25% of normal. Circle the muscle group that is scored.

Right	MUSCLE GROUP WITH THE MOST ABNL TONE			Left
	Adductors	**Shoulder**	Adductors	
	E F	**Elbow**	E F	
	E F	**Wrist**	E F	
	E F	**Finger**	E F	
		Upper Extremity Totals		
Right	**MUSCLE GROUP WITH THE MOST ABNL TONE**			**Left**
	Adductors	**Hip**	Adductors	
	E F	**Hip**	E F	
	E F	**Knee**	E F	
	DF PF	**Ankle**	DF PF	
		Lower Extremity Totals		

CONCLUSION:

Add the Motor Control, Upright Postural Responses, and Tone Abnormality scores from the **bold** boxes together to obtain the total NISS score. These are not averaged. Place all of the scores from the calculation sections on the front page.

Check the "Clinical Findings" Section to mark additional boxes for any new findings discovered while performing the NISS.

Calculations:

Enter the **Axial tone Regional Score** here.

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Add the 4 scores for each extremity and divide by 4. Round off to one decimal place. These are the **Extremity Tone Regional Scores:**

RUE / LUE:

RLE / LLE

Add the 5 Tone Regional Scores and divide by 5. Round off to one decimal place. This is the **Tone Sub-Score:**

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